## **RECEIVED CENTRAL FAX CENTER**

APR - 4 2006

FAX TRANSMISSION
DATE: April 4, 2006
PTO IDENTIFIER: Application Number 10/765,437-Conf. #1536  Patent Number
Inventor: Wade Spital
MESSAGE TO: US Patent and Trademark Office
FAX NUMBER: (571) 273-8500
FROM: PATENT LAW OFFICES OF MICHAEL E. WOODS
Michael E. Woods (new)  PHONE: (415) 388-0830
PHONE: (415) 388-0830 Attorney Dkt. #: 20056-7002
Attorney Brit. #. 20030-7002
PAGES (Including Cover Sheet): 3
CONTENTS: POA or Authorization of Agent (1 page) Certificate of Transmission (1 page)
If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (±15) 388-0830 and send the original transmission to us by return mail at the address below.  This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.  PATENT LAW OFFICES OF MICHAEL E. WOODS  112 Barn Road, Tiburon, California 94920-2602 Telephone: (415) 388-0830 Facsimile: (415) 388-0860

## **RECEIVED** No. 0690 P. 2/3 CENTRAL FAX CENTER

## APR - 4 2006

PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Re	eduction Act of 1995, no pe	ersons are require	ed to respond	to a collection of i	nformation unte	ess it displays a	a valid OMB control	Inumbe
			Applicat	on Number	10/765,4	437-Conf.	#1536	
			Filing Date		January	January 26, 2004		
POWER OF ATTORNEY			First Nar	First Named Inventor		Wade Spital		
	and			WEIGHT-CONTROLLED MOTORIZED				
CORRESPO	NDENCE ADD	RESS	Title					
INDIC	ATION FORM		Art Unit 361		3618			
			Examine	xaminer Name J. Walters				
			Attomey	Docket No.   20056-7002				
I hereby revoke all previous powers of attorney given in the above-identified application.								
I hereby appoin	t:							
x Practitioners associated with the Customer Number: 35939								
OR	is associated with t	ne ouswine	i Number.			j		
	r(s) named below:							
Fractione	r(s) harried below.	Registratio	. 1					1
l N	Name				me		Registration Number	
								1
1						l		
								l
			1					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States								
	rk Office connected th			<u> </u>				
Please recognize or change the correspondence address for the above-identified application to:								
The address associated with the above-mentioned Customer Number:								
The address associated with Customer Number:								
OR								
Firm or								
Individual Name								
Address								
City		State			Zip	· ·		
Country		Teleph	one		Email			
I am the:								
X Applicant/In	vontor							
ı ≌ ¨								
	record of the entire Inder 37 CFR 3.73(							
Statement				Assignee of R	ecord			
Signature	Wade Saital	<u>·</u>			ate	Anı	ril 4, 2006	
Name	3				lephone		7) 765-2682	
Title and Company Inventor					- CPITOTIC	(10	7 7 00-2002	
NOTE: Signatures of all t		es of person of	the entire in	terest or their n	enresentative	a's) are rem i	red. Submit mul	finle
forms if more than one si			DIE CHIECH	illica or viai i	-presentative	.(J) are requi	.cc. comining	

\*Total of

forms are submitted.

PTO/S8/97 (09-04)
Approved for use through 07/31/2008. OMB 0651-0031
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/765,437

Attorney Docket No.: 20056-7002

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence	is being facsimile transmitted to the United
States Patent and Trademark Office.	

on <u>April 4, 2006</u> Date

Signature

Michael E. Woods

Typed or printed name of person signing Certificate

33,466 (415) 388-0830

Registration Number, if applicable Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

POA or Authorization of Agent (1 page)